Attorney Docket Number:

POWER OF ATTORNEY			Named Inventor:	Isamu NAK	KADE
FOR UTILITY OR DESIGN			COMPL	ETE IF KNOWN	
PATEN	T APPLICATI				
□ p louding □ Declar	laration	Supplemental	cation Number		
	mitted after Initial		Date:		
4. –	g (surcharge	(37 CFR 1.67) Art U	Jnit:	1 ·	
	CFR 1.16(e)) µired)	Exam	iner Name:		
(37 011(1.00)					
I hereby declare that: Each inventor's residenc I believe the inventor(s) claimed and for which a DISC APPARA	named below to b patent is sought o	e the original and first ir	ventor(s) of the	t to their name subject matter	which is
					
he specification of which		(Title of the Invention)			
	÷			ı	
is attached here	to				
OR		02/2004	as United State	a Application	
1 ^ 1	I/DD/YYYY) <u>02/</u>			and was ame	ended
		Number PCT/JP2004/0	pplicable).	and was ann	Cildod
on(MM/DD/YYY	Y)	(ii a	ррпсавісу.		
I hereby state that I have rethe claims, as amended by I acknowledge the duty to including for continuation—date of the prior application.	any amendment sp disclose information	ecifically referred to above n which is material to pater , material information which	e. ntability as defined h became available	in 37 CFR 1.56, between the fili	ng
I hereby claim foreign prior invetor's or plant breeder's one country other than the any foreign application for having a filing date before	rights certificate(s United States of A patent, inventor's o	s), or 365(a) of any PCT int America, listed below and h or plant breeder's rights cel	ernational applicati ave also identified rtificate(s), or any l	ion which design below, by check	ated at least ing the box,
Prior Foreign Application	on	Foreign Filing Date	Priority Not	Certified Cop	
Number(s)	Country	(MM/DD/YYYY)	Claimed	Yes	No _
2003-030078	Japan	02/06/2003			[x]
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DECLARATION/

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint: Practitioners at Customer Number 52473							
OR Practitioner(s) named below:							
Name	Name			Registration Number			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Direct all correspondence to: Practitioners Customer Number listed above; OR							
Correspondence Address Below							
Name:							
Address:		•					
City:	State:		Zip:				
Country:	Telephone:		Fax:				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inve	☐ A Petition has been filed for this unsigned inventor.						
Given Name (first and m	Family Name or Surname						
i-DD Isamu	NAKADE						
Inventor's Signature .	17		Date: July 8, 2005				
Residence: City: Kanazawa-shi State: Ishikawa		Country: Japan Citizenship: Japan		Citizenship: Japan			
Malling Address: 77-11, Ro, Minami Shinbo-machi							
Mailing Address:		r					
City: Kanazawa-shi	State:Ishikawa	zip: 920-0064	Coui	ntry: Japan			
Additional inventors are listed on the next page.							

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))	Family Name or Surname					
OO Tsukasa		NAKAYAMA					
Inventor's Signature Spilease	a. Nakayam	a	Date: July 8, 2005				
Residence: City: Yokohama-shi StateKanagav		Country: Japan	Citizenship:Japan				
Mailing Address: 1873-22, Imajyuku Minami-cho, Asahi-ku							
Mailing Address:							
City: Yokohama-shi	StateKanagawa	Zip: 241-0034	Country:Japan				
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))		Family	Name or Surname				
Inventor's Signature			Date:				
Residence: City:	Residence: City: State:		Citizenship:				
Mailing Address:							
Mailing Address:	-		T				
City:	State:	Zip:	Country:				
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.					
Given Name (first and middle ((if any))	Family Name or Surname					
·							
Inventor's Signature			Date:				
Residence: City:	State:	Country:	Citizenship:				
Mailing Address:							
Mailing Address:							
City:	State:	Zip:	Country:				
Additional inventors are listed on Supplemental Sheet(s).							